MAXIMUS Federal Services

Case Number:	CM15-0003365		
Date Assigned:	01/14/2015	Date of Injury:	11/18/2012
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female, who sustained an industrial injury on 11/18/2012. The diagnoses have included rotator cuff syndrome shoulder, allied disorders, carpal tunnel syndrome, brachial neuritis or radiculitis, bilateral carpal tunnel syndrome, left shoulder impingement, cervical myofascial pain and medical epicondylitis of elbow. Treatment to date has included left carpal tunnel injection and medications. She is status post right carpal tunnel release for which no date is provided. Currently, the IW complains of left greater than right shoulder pain from overuse as well as left upper extremity weakness and numbness due to repetitive overuse. Carpal tunnel release is recommended. Objective findings include limited range of motion in the left shoulder with positive impingement signs. There is slight tenderness in the posterior cervical musculature with full range of motion. There is diminished sensation in the median distribution of the left hand with positive Tinel's sign. Right hand examination revealed a healed carpal tunnel incision. On 12/29/2014, Utilization Review modified a request for physical therapy x 12 visits, Tramadol ER #60, and Cyclobenzaprine 7.5mg #90 noting that the requested treatment exceeds the guideline recommendations and lack of medical necessity. The MTUS and ODG were cited. On 1/07/2015, the injured worker submitted an application for IMR for review of Tramadol ER #60, Cyclobenzaprine 7.5mg #90 and physical therapy x 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 3 times a week for 4 weeks, cervical, LT shoulder, LT elbow, LT wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient is a 45 year old female with an injury date of 11/18/12. Based on the 12/02/14 progress report provided by treating physician, the patient presents with bilateral shoulder pain and left extremity weakness. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS CERVICAL, LT SHOULDER, LT ELBOW, LT WRIST. The patient has undergone left carpal tunnel injection, date unspecified. Patient's diagnosis per Request for Authorization form dated 01/07/15 included rotator cuff syndrome and allied disorders. The patient is temporarily totally disabled.MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Progress report with the request has not been provided for review. Treater has not provided reason for the request. Given patient's diagnosis and postoperative status, physical therapy would be indicated. However, there is no treatment history available to make a decision in order to warrant physical therapy. Furthermore, the request for 12 sessions would exceed guideline recommendation. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The patient is a 45 year old female with an injury date of 11/18/12. Based on the 12/02/14 progress report provided by treating physician, the patient presents with bilateral shoulder pain and left extremity weakness. The request is for CYCLOBENZAPRINE 75MG #90. The patient has undergone left carpal tunnel injection, date unspecified. Patient's diagnosis per Request for Authorization form dated 01/07/15 included rotator cuff syndrome and allied disorders. The patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. .. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."Progress

report with the request has not been provided for review, and treater has not provided reason for the request. Guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. It is not known when Cyclobenzaprine was prescribed. However, the request for quantity 90 does not indicate intended short term use. Therefore, the request IS NOT medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol(Ultram) Page(s): 76-78, 88-89, 113.

Decision rationale: The patient is a 45 year old female with an injury date of 11/18/12. Based on the 12/02/14 progress report provided by treating physician, the patient presents with bilateral shoulder pain and left extremity weakness. The request is for TRAMADOL ER 150MG #60. The patient has undergone left carpal tunnel injection, date unspecified. Patient's diagnosis per Request for Authorization form dated 01/07/15 included rotator cuff syndrome and allied disorders. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Progress report with the request has not been provided for review. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. No return to work or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, there is no documentation of trial of other first-line oral analgesics. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.